MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-034037
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8867

FILED SEP 6 1963

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 792A Euclid
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Arthur Middle Last Richardson
4. DATE OF DEATH: Month 8 Day 30 Year 63

5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-24-1880
9. AGE (last birthday): 83 yrs.
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Teacher
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Wisconsin
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Anthony Richardson
13b. MOTHER'S MAIDEN NAME: Adeline Dixon
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of): None
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Mrs. Alice Ferguson-792 A Euclid Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Brain Syndrome
DUE TO (c): Cerebral Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 334

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-22-63 to 8-30-63 and last saw him alive on 8-30-63
Death occurred at 8:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): James A. Tilley M.D.
22b. ADDRESS: 2601 N. Whittier
22c. DATE SIGNED: 9-3-36

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-4-1963
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis (County) Missouri

24. FUNERAL DIRECTOR ADDRESS: Ellis Funeral Home-2620 Stoddard St.
25. DATE RECD. BY LOCAL REG.: SEP 3 1963
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Fulton E. Pulkin

Licensed Embalmer No. 4198

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.